2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708312

Entity Name: UNITED WAY OF NORTHEAST FLORIDA, INC.

FILED Feb 13, 2017 Secretary of State CC2017081390

Current Principal Place of Business:

40 EAST ADAMS STREET

SUITE 200

JACKSONVILLE, FL 32202

Current Mailing Address:

P.O. BOX 41428

JACKSONVILLE, FL 32203-1428

FEI Number: 59-0637825 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BRAUN, MICHELLE 40 EAST ADAMS STREET SUITE 200 JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Officer/Director Detail:

VPVC Title **VPFA** Title

Electronic Signature of Registered Agent

KILGORE, PATRICIA HILL, CORETTA Name Name

40 EAST ADAMS STREET 40 EAST ADAMS STREET Address Address

SUITE 200 SUITE 200

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title HEAD OF RESOURCE DEVELOPMENT Title

Name SHEAD, MARGARET T Name BRAUN, MICHELLE

40 EAST ADAMS STREET Address 40 EAST ADAMS STREET Address SUITE 200

SUITE 200

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN, BOARD OF TRUSTEES Title CHAIRMAN, BOARD OF DIRECTORS

Name GERAGHTY, PAT Name HERMAN, MICHAEL

Address 40 EAST ADAMS STREET Address 40 EAST ADAMS STREET

> SUITE 200 SUITE 200

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

HEAD OF COMMUNITY IMPACT & Title Title **HEAD OF ADMINISTRATION &**

> STRATGIC INVESTMENTS STRATEGY

Name MARTIN, PHYLLIS Name WINKLER, JEFF

Address 40 EAST ADAMS STREET Address 40 EAST ADAMS STREET

> SUITE 200 SUITE 200

JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA KILGORE

VICE PRESIDENT FINANCE AND **ADMINISTRATION** 02/13/2017

Date